

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai'i

EXISTING DRAINAGE INJECTION WELL

Application For A UIC Permit To Operate

(Reference: Chapter 23 of Title 11, Hawai'i Administrative Rules,
Titled Underground Injection Control)

\$100.00 Filing Fee Required

(August 2003)

<p>Submit Application and attachments to:</p> <p style="text-align: center;">Safe Drinking Water Branch Environmental Management Division Department of Health 919 Ala Moana Blvd., Room 308 Honolulu, Hawai'i 96814</p>	<p>For Office Use:</p> <p>File No. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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1. Facility Name: _____

2. Facility Description (Check all that are applicable.):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Golf Course | <input type="checkbox"/> School |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Industrial | <input type="checkbox"/> Shipyard, Harbor |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Military | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Field or Park | <input type="checkbox"/> Residential | <input type="checkbox"/> Other _____ |

Describe the characteristics of the facility (For public notification purposes, this information must be satisfactorily complete.):

3. Facility Location:

- a. Street Address _____
Town _____ District _____
Island _____ State _____ Zip Code _____
- b. Attach island map showing the general location of the facility.
- c. Attach TMK map highlighting the property and showing the location of injection well(s).
Tax Map Key No. _____
- d. Attach Site Plan.
- e. Attach USGS topographic map (scale 1:24,000) showing the location of the property, the injection well(s), **and drinking water sources within 1/4 mile of the facility.**
- f. Coordinates: (centralized), under the Old Hawaiian Datum (NAD 27):
Latitude _____° _____' _____" N Longitude _____° _____' _____" W

4. Owner of the facility: _____

5. Operator of the facility: _____
(Repeat the entry even _____
if same as item No. 4) _____

6. Legal contact or official contact person for the facility (Note: person the correspondence will be addressed to; contractors and managing agents are not applicable.):

Full Name _____
Position _____
Company _____
Permanent Address _____

Telephone Number _____ FAX Number _____

7. Check appropriate box.

☐ Fee Simple property. Owner: _____

☐ Leasehold property. Owner (Lessor): _____

If the facility is on leasehold property, attach a written acknowledgement and consent of this application from the fee simple owner (lessor) of the property. (An acknowledgement/consent form is attached.)

8. Consultant servicing this application:

Contact person _____ Affix P.E. stamp here, for engineers:

Position _____

Company Name _____

Address _____

Telephone Number _____ FAX Number _____

9. Injection System:

a. Number of injection wells _____

b. Source of injected fluid (check appropriate box):

☐ Rainfall Runoff Water

☐ Potable Water

☐ Other _____

c. Identify the surface areas from which the runoff is generated and estimate the percent contribution (totaling 100%):

☐ Parking Lot _____ %

☐ Roof _____ %

☐ Pavement _____ %

☐ Yard or Field _____ %

☐ Roadway _____ %

☐ Other: _____ %
_____ %

10. Injection for the Entire Drainage System: Manner, Rate, Pressure, Duration, and Quantity. Provide more information for clarity, if needed.

Injection Manner: <u>continuous</u> , <u>intermittent</u> , or <u>other</u> (please specify).	
Injection Rate: <u>fixed</u> or <u>variable</u> .	
Injection Pressure: <u>gravity fed</u> or <u>pump fed</u> .	
Wellhead: <u>open to atmosphere</u> (vented), or <u>closed to atmosphere</u> (unvented).	
If injection is via pump fed pressure, maximum injection pressure in pounds per square inch (psig) at the wellhead:	

When estimating runoff using the "Rational Formula" ($Q=CIA$):

Drainage Area in acres (A):	
Runoff Coefficient (C):	
Storm recurrence interval (T_m):	
Intensity of 1-hr Rainfall (inches):	
Time of Concentration (T_c):	
Adjusted Rainfall Intensity (I):	
Peak Discharge in cfs (Q):	

OR, When estimating runoff using (identify): _____

Maximum Injection Rate in gallons per minute (gpm):	
Maximum Injection Duration in hours per day:	
Maximum Injection Quantity in gallons per day (gpd):	

11. Injection well construction method, and date of construction:

12. Provide information about:

In your estimation, the performance of the drainage injection well(s) has been (check the appropriate box):

☐ Poor ☐ Average ☐ Good

Geologic formations encountered: _____

Injection test results: _____

13. \$100.00 Filing Fee: ☐ Attached ☐ Not required, operated by government agency.

14. Date of this application: _____

15. Complete the "Diagram For Drainage Injection Well Dimensions"; OR provide a detailed cross-sectional drawing of the injection well having the equivalent information.

16. If this application applies to more than one drainage injection well, provide a table showing the injection well numbers and their corresponding as-built inside diameters and total depths.

17. Attach the Signatory and Certification Statement. Fill all items completely.

DIAGRAM FOR DRAINAGE INJECTION WELL DIMENSIONS

The diagram illustrates a vertical well structure. At the top, a green rectangular area represents the ground surface. Below it, a blue rectangular area indicates the wellhead or pump area. The well shaft is shown with a green casing. The casing is divided into three sections: a top section labeled 'Solid Casing', a middle section labeled 'Perforated Casing', and a bottom section labeled 'Open Hole'. The 'Solid Casing' section is at the top, followed by the 'Perforated Casing' section, and the 'Open Hole' section at the bottom. The well shaft is surrounded by a layer of gravel or aggregate material. The well is shown extending to the bottom of the hole, which is indicated by a wavy line representing the ground surface. The well is shown with a green casing and a blue pump area at the top. The well is shown with a green casing and a blue pump area at the top. The well is shown with a green casing and a blue pump area at the top.

Ground Surface Elevation _____ ft., msl.
(give range, if more than one)

Inside Diameter _____ in.

Diameter of Hole (Excavation) _____ in.

Total Depth of Hole (Excavation) _____ ft.

Bottom Elevation _____ ft., msl

Solid Casing: ☐ Yes or No
Length _____ ft.
Inside Diameter _____ in.
Wall Thickness _____ in.
Material _____

Perforated Casing: ☐ Yes or No
Length _____ ft.
Inside Diameter _____ in.
Wall Thickness _____ in.
Material _____

Open Hole: ☐ Yes or No
Length _____ ft.
Diameter _____ in.

CONSENT OF THE FEE SIMPLE LAND OWNER FOR AN UNDERGROUND
INJECTION CONTROL (UIC) APPLICATION

This form represents the consent of the fee simple land owner that the applicant and its facility are submitting an Underground Injection Control (UIC) application for: (Check the appropriate proposed action)

- ☐ New injection well construction
- ☐ Permit modification
- ☐ Permit renewal
- ☐ Change-of-Operator
- ☐ Facility-Name-Change
- ☐ Existing Injection Well needing permit registration
- ☐ Abandonment of a Registered Injection Well
- ☐ Abandonment of an Unregistered Injection Well

Facility Name: _____

UIC Permit No. (if issued): _____

Address: _____

_____ TMK No. _____

Applicant: _____

Fee Simple Land Owner's Name: _____

Mailing Address: _____

Signature: _____

Note: The purpose of this form is to show, for the purpose of UIC application processing, that the fee simple land owner is aware and consents to the proposed action of the applicant. This form may be substituted by a written consent from the involved entities, if different wording is preferred. However, be sure to be current, accurate, and clear about the proposed action.

SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS
**(submitted Statement shall bear an original signature and date -
photocopy signatures are unsatisfactory.)**

I certify that:

(for a municipal, state, federal, or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation; or,

I am the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Description of Document

Application

Type of Organization (please circle):

- | | | |
|------------------------|--|----------------|
| 1. sole proprietorship | 2. partnership | 3. corporation |
| 4. municipal | 5. state, federal or other public agency | |

Signature _____

Name (Print) _____

Title _____

Date _____

Company Name _____

Address _____

Phone Number () _____ FAX Number() _____